

EXTENDED TRIP

INFORMATION PACKET (3 nights or more)



Girl Scouts of Greater Chicago and
Northwest Indiana
Lisle Regional Service Center
2400 Ogden Ave., Suite 400
Lisle, IL 60532-3933
T 630 544 5900 F 630 544 5999
www.girlscoutsgcnwi.org



FOLLOW THIS ROUTE TO FUN!



Packet Contents

- EXT-B Planning Trips Checklist
- EXT-C Initial Application
- EXT-D Troop Trip Budget Planning
- EXT-E Initial Parent Information/Permission
- EXT-F Application for Final Approval
- EXT-G Final Parent Permission and Medical Statement
- EXT-H Behavioral Agreement
- EXT-I Girl Health Exam/Adult Health Exam
- EXT-J Chaperone Agreement
- EXT-K Insurance Application for Extended Trips
International Trip forms must be requested from the membership registrar
- EXT-L Evaluation

INTRODUCTION

FOLLOW THIS ROUTE TO FUN!

1. Refer to the council's own North Star/GO GUIDE for policies and procedures, and Girl Scouts of the U.S.A.'s Safety-Wise for Standards, Activity Check Points and Planning Trips with Girl Scouts.
2. Use the *Planning Trip Checklist* to keep the troop moving in the right direction.
3. As plans progress and preliminary plans are complete, fill out the Initial Application. Submit it to your membership consultant, membership manager and the director of program six months or more before your date of departure. Obtain certificates of liability and waiver forms if appropriate. Check with the appropriate council business staff for a current listing of certificates of liability and waiver forms on file.
4. When earning money, be sure all money-earning applications are submitted to your membership consultant, membership manager and the director of program.
5. When plans become firm, fill out the *Final Application* for approval and submit it to your membership consultant, membership manager and the director of program at least 30 days prior to your trip. Get parent permissions, medicals, additional required insurance, etc.
6. It is recommended that all chaperones be registered Girl Scouts.
7. After the activity, fill in the *Extended Camp/Trip Evaluation* form and submit it to the director of program within one month of trip completion.

EXT-B PLANNING TRIPS CHECKLIST

for extended trips of three nights or more

To be used by volunteers and girls when preparing for a trip.



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REMEMBER THE BEST PART OF GIRL SCOUTS IS THE FUN! GO FOR IT!

PLANNING

- Purpose and goal of trip have been agreed upon by all participants.
- Parents have given consent to proceed with planning. (EXT-E)
- Initial Extended Trip Application has been sent to council. (EXT-C)
- Basic Itinerary has been developed.
- Research has been completed.
- Certificates of insurance and necessary waivers have been received.
- Expenses have been outlined.
- Detailed Itinerary has been developed.
- Backup plans have been discussed.

POLICIES, STANDARDS AND PROCEDURES

- Appropriate girl/adult ratio has been reached.
- Volunteers have completed appropriate trainings.
- All facilitators, being used, are certified appropriately.
- All drivers are 21 years of age and have valid driver's licenses.
- All drivers are insured.
- For Canada: Drivers have obtained a non-resident inter-provincial motor vehicle insurance card if driving a car from the United States.

FINANCES

- Cost figures for transportation, food, lodging and entertainment have been obtained.
- A clear, detailed and realistic budget has been developed. (EXT-D)
- Personal and group expenses have been defined completely (including chaperone expenses and girls' personal spending money.)
- Girls, volunteers and parents have approved the tentative budget.
- Money-earning activities have been planned and approved by council.
- The availability of FUNdships has been discussed.

GROUP DYNAMICS

- Girls are mature and work well as a group
- Responsibilities before and during the trip have been discussed.
- Appropriate conduct and consideration have been discussed.
- Local customs have been discussed.
- Daily group rotations have been planned and discussed.

(OVER)

HEALTH & SAFETY

- Health exams and immunizations have been completed (EXT-I); All forms (including medical release forms) are to be carried by the volunteer at all times.
- Authorizations for medications have been received.
- Additional Girl Scout insurance has been obtained (at least 3 weeks before trip). (EXT-K)
- Provisions for first aid/CPR have been made including a first aid kit.
- Travel Safety (natural hazards) have been discussed.
- Emergency procedures have been discussed.
- The itinerary is flexible and meets everyone's needs.

WHAT TO TAKE

- Appropriate attire for activities and weather conditions has been discussed.
- Group equipment has been requisitioned and proper packing procedures discussed.

RESPONSIBILITIES

- Responsibilities have been discussed and assigned.
- Chaperone Agreements have been signed (EXT-J)
- Girl Behavioral Agreements have been signed (EXT-H)
- Application for Final Approval (EXT-F) has been submitted to council and approved (30 days prior to departure) including participant roster and itinerary.

LAST-MINUTE DETAILS

- All reservations have been confirmed in writing.
- All contracts have been signed by the appropriate council staff person.
- All necessary forms have been packed.
- Final Parent Permission forms have been received. (EXT-G)
- Final itinerary has been given to girls, parents and other involved adults.
- Calling tree has been established.

FOLLOW-UP PROCEDURES

- All bills have been paid.
- Equipment has been returned.
- Thank you notes have been sent.
- Trip evaluation has been sent to council (EXT-L)

TIPS

- Be flexible.
- Balance activities.
- Allow girls freedom to roam within limits.
- Review plans daily and alter when necessary.
- Be prepared for in-depth discussions on many topics. Let the girls talk.



Name of person trained in First Aid/CPR: _____

Name of person trained as Level II First Aider (if applicable) _____

First Aid card expires: _____ Date CPR card expires: _____ Date Level II card expires: _____ Date

Proposed Destinations	Sites	Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Certificate of liability obtained, if appropriate, for all overnight locations and certain activities (see Safety-Wise)
- Copy of waiver obtained, if appropriate
- Initial parental/guardian permission obtained

Planned money-earning activities (list):

I have reviewed the above information and the troop/group **MAY** **MAY NOT proceed with its plans.**

1. Membership Consultant _____ Date: _____

2. Membership Manager _____ Date: _____

3. Director of Program _____ Date: _____

Final Application is due to membership consultant, membership manager and director of program by: _____
Date

Comments: _____

Submit to the membership consultant, membership manager and director of program for signatures. Copies will be returned to the Girl Scout volunteer and membership consultant by the director of program.

EXT C

EXT-D

TRIP BUDGET PLANNING

* Include all tax and tips where applicable

** Include only items to be covered by troop



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TRIP BUDGET PLANNING			
PROJECTED EXPENSES*	TROOP/GROUP	GIRL	CHAPERONE**
Transportation			
Food			
Lodging			
Fees: Admissions			
Side Trips			
Tours			
Other			
Personal Expenses			
Emergency Fund			
Insurance			
Equipment Rental			
TOTALS			
GRAND TOTAL \$			
PROJECTED INCOME	TROOP/GROUP	GIRL	CHAPERONE
Money-earning projects:			
Cookies/Booth Program			
Cookies/Door-to-Door Program			
Fall Product Program:			
Other: a			
a			
a			
a			
Interest on Savings			
Other Sources			
Girl Assessment			
TOTALS			
GRAND TOTAL \$			

**EXT-E
INITIAL PARENT INFORMATION/PERMISSION
FOR EXTENDED CAMP/TRIP**



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Troop # (if applicable) _____ is planning Extended Camp Extended Trip

Date(s): _____ Proposed Itinerary (include high-risk activities): _____

Volunteers in charge: _____

Special equipment needed (i.e. backpack, camera, daypack) _____

Finance Plans: (Attach copy of Trip Budget planning with as much information as is available at this time)

Refund Policy: _____

Cost is \$ _____ per person Cost is not yet determined _____

Please fill out and return the bottom half of this form to the Girl Scout volunteer if you will permit your daughter to participate. Thank you.

Girl Scout Volunteer Signature _____

INITIAL PARENT CONSENT FOR EXTENDED CAMP/TRIP

My daughter _____ has permission to participate in _____

_____. I agree to pay my fair share. I agree to the refund policy as stated.

Girl Signature _____

Parent/Guardian Signature _____



**EXT-F
APPLICATION FOR FINAL APPROVAL
FOR EXTENDED CAMP/TRIP**

Submit to the membership consultant, membership manager and the director of program for signatures at least 30 days prior to trip. Copies will be returned to the Girl Scout volunteer and membership consultant by the director of program.

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Volunteer _____ Troop # _____ Level _____ Service Unit _____

Address _____ City/ZIP _____

Phone [day] () _____ [eve] () _____ E-mail _____

Destination _____

Date of Activity _____ to _____ # of nights _____
(month/day/year) (month/day/year)

Final number of girls _____ Final number of adults _____

Trip cost per girl \$ _____ Trip cost per adult \$ _____ Total \$ _____

ADULTS GOING ON TRIP AND THEIR RESPONSIBILITIES

Name	Activity (include driving)	License/Plate Numbers	Certifications (include proof of auto insurance)	Expiration Date(s)

LIST CERTIFICATION OF ONSITE PERSONNEL FURNISHED BY VENDOR

(i.e. lifeguard, rafting, horseback riding, (if taking lessons). Use reverse side if needed.

Activity	Certification	Expiration Date

ATTACH A FINAL COPY OF PARENT INFORMATION. INCLUDE ITINERARY SCHEDULE, ACTIVITIES, SITES, CONTACT PERSONS, PHONE, ADDRESS AND PARTICIPANT ROSTER.

(OVER)

EMERGENCY CONTACT(S) AT HOME

Name: _____ Phone [day] (____) _____ [eve] (____) _____

List emergency medical plans at final destination and/or at each travel stop. _____

TRANSPORTATION ARRANGEMENTS

private car rental car or van bus train airplane ship

CONTRACTS COMPLETED

Include transportation, facilities, waivers and certificates of insurance
(must be completed before final approval is given)

Purchased required extended trip/sickness/accident insurance from the Girl Scout office _____
Date

Purchased other extra insurance (list)

Final information to parents

Parent permission returned

Chaperone agreement

Behavioral agreement

Final itinerary and participant roster
submitted to director of program

FINAL APPROVAL

1) Membership consultant _____ Date _____

2) Membership Manager _____ Date _____

3) Director of program _____ Date _____

COMMENTS

EXT F

**EXT-G
FINAL PARENT PERMISSION
FOR EXTENDED CAMP/TRIP**



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Name of Participant _____

I, the parent (or guardian) of the participant, am familiar with the plans and purposes of the activity _____ and give full permission for her to attend this activity and to participate in all phases of it. (List exceptions)

Parent/Guardian Signature _____ Date _____

**FACILITY WAIVERS, IF APPROPRIATE ARE ATTACHED
PLEASE SIGN AND RETURN TO VOLUNTEER WITH THIS FORM.**

MEDICATION PERMISSION

If it should become necessary I, _____, give permission to the Troop First Aider(s) to administer first aid and/or the following non-prescription medications to my daughter, _____ for the possible problem listed below. Yes No

- cramps headaches constipation diarrhea abrasions

Other: _____

My daughter, _____, will be bringing the following medications with her. All medication is to be given to the First Aider. The First Aider will then dispense.

MEDICATION	HOW OFTEN / REASON TO BE GIVEN	AMOUNT TO BE TAKEN

Parent/Guardian Signature _____ Date _____

(OVER)

**EXT-H
BEHAVIORAL AGREEMENT
FOR EXTENDED CAMP/TRIP**



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I understand that my attitude and behavior are critical to the success of the trip (or event or project). Therefore, for the good of the trip as well as my fellow group members, I agree to abide by the following:

1. I will try to be sensitive to the needs of each group member.
2. I will respect the places and the people with whom I come in contact.
3. I understand that the use of tobacco, alcohol, or illegal drugs will not be tolerated, and that usage during the trip will result in expulsion from the trip.
4. I will be responsible for my personal belongings and equipment and will not hold Girl Scouts - Prairie Winds, Inc. responsible for their loss or damage due to my negligence or neglect.
5. I will treat all equipment provided for my use with care. I understand that I will be assessed for damages to any equipment in the event that my use of such equipment is negligent or abusive.
6. I will use all required safety equipment and follow safety rules and procedures.
7. I agree to take my share of daily responsibilities such as food preparation, setting up camp, clean-up and shopping.
8. I understand that if I am sent home early due to any serious misconduct, it will be at my parent's or guardian's expense and that the adult in charge will make the travel arrangements and notify my parent or guardian of those plans.

Participant's Signature _____ Date _____

I understand and agree with the above responsibilities of my daughter.

Parent/Guardian Signature _____ Date _____

After completion of this agreement, return it with other forms to trip volunteer:

Name: _____ Address: _____

City/Zip: _____



EXT-I
GIRL HEALTH EXAMINATION RECORD
FOR EXTENDED CAMP/TRIP

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Name Last First Initial
Parent/Guardian Name
Phone () Address
City/ZIP Birthdate Age
In Emergency Notify Relationship Phone ()
Address City/ZIP

THIS SIDE TO BE FILLED IN BY PHYSICIAN • HEALTH EXAMINATION

Date of examination / /
Height Weight Blood Pressure
Appearance/Nutrition
Without glasses Eyes R20/ L 20/
With glasses Eyes R20/ L20/
Ears Hearing R L
Color vision

CODE: (S) SATISFACTORY (U) UNSATISFACTORY (N) NOT EXAMINED

Nose Throat
Teeth Heart
Lungs Abdomen
Genitalia Hernia
Skin Musculoskeletal
Urinalysis* HGB*
General Physical and emotional status

Other notes

RECORD OF IMMUNIZATIONS:

Table with columns: Immunization, Year Primary Series Completed, Last Booster. Rows include D.T.P., Diphtheria, Pertussis, Tetanus, Adult tetanus-Td, Oral polio, Measles, Rubella, Haemophilus influenza b, Hep B, Tuberculin test.

PHYSICIAN COMMENTS AND RECOMMENDATIONS

Give details or indicate management of significant illnesses.

This person is in satisfactory condition and may engage in all usual activities except as noted.

Physician name
Physician signature
Date Phone ()
Address City/ZIP

THIS SIDE TO BE FILLED IN BY PARENT • HEALTH HISTORY

DISEASES (Check those that apply)

- Chicken Pox
Measles
German Measles
Mumps
CHRONIC/RECURRING ILLNESS
Ear Infections
Heart Defect/Disease
Seizures
Bleeding Disorders
Asthma
Hypertension
Diabetes
Musculoskeletal Disorders
Other (Specify)

ALLERGIES

- Animal
Food
Hay Fever
Insect Stings
Medicine/Drugs
Plants
Pollen
Other (specify)

DESCRIBE CONDITIONS AND GIVE DATES:

- Operations/serious injuries
Hospitalizations
Other diseases/disabilities

MAKE COMMENTS WHERE APPLICABLE:

- Fainting
Bed wetting
Constipation
Emotional disturbances
Sleep disturbances
Menstrual cramps
Nosebleeds
Other

SUGGESTIONS FROM PARENT:

Specific activities to be encouraged/restricted:
Special medical or dietary regimen to be followed (specify)

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Parent/guardian Signature
Date

Not required for every health examination. A Daisy, Brownie, or Junior Girl Scout should have this test if she has not already had it, either when entering school or at any time since. A Cadette or Senior Girl Scout should have this test if she has not had it since entering puberty.



**EXT-I
ADULT HEALTH EXAMINATION RECORD
FOR EXTENDED CAMP/TRIP**

TO BE FILLED OUT BY PHYSICIAN

INSTRUCTIONS: Please ask applicant to show you a written description of the event/assignment so that you may determine whether she/he is in condition to participate in this particular event/assignment and to ensure that the applicant has the valid immunizations required.

EXAMINATION FINDINGS: Check box if condition is satisfactory. If not satisfactory, explain.

- Eyes and Vision Skin Throat
- Ears and Hearing Heart Lungs
- Menstrual Periods Chest X-Ray (if required)
- Legs Abdomen

EXACT MEASUREMENTS OF:

Blood Pressure: Systolic _____ Diastolic _____
Pulse Rate: _____
Urinalysis: SPGravity _____ Sugar _____ Albumin _____
Blood Hemoglobin: _____
Height: _____ Weight: _____

DOES APPLICANT HAVE ANY CONDITION WHICH MIGHT LIMIT ACTIVITY FOR THIS EVENT/ASSIGNMENT?

- Any chronic diseases? Yes No
- If overweight will condition restrict activity? Yes No
- Any conditions which limit participation in swimming/hill climbing/other strenuous activities? Yes No
- If any of the above were unsatisfactory, or applicant has any limitations, use this space to explain. _____

IMMUNIZATIONS: Fill in date of valid immunizations applicant has had. Only those requested on the announcement of the event/assignment are required.

IMMUNIZATION	DATE LAST RECEIVED
Hepatitis B	_____
Typhoid and Paratyphoid	_____
Tetanus (within 10 years)	_____
Cholera	_____
Typhus Yellow Fever	_____
Polio – Complete Series of Booster required	_____
Gamma Globulin (Hepatitis)	_____
Rocky Mountain Spotted Fever (entire series)	_____
German Measles (Rubella)	_____
Other	_____

Physician name _____

Physician signature _____

Date _____ Phone (____) _____

Address _____ City/ZIP _____

STATEMENT OF PHYSICIAN

- Applicant is in good physical condition and able to participate in this event/assignment.
- Applicant should not participate in this event for the following reasons: _____

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TO BE FILLED OUT BY ADULT

Name _____
Last First Initial

Address _____

City/ZIP _____

Phone (____) _____

Birthdate ____/____/____ Age ____ Sex ____

In Emergency Notify: _____

Relationship _____ Phone (____) _____

Address _____

City/ZIP _____

HEALTH HISTORY • CHECK IF YOU HAVE HAD THE FOLLOWING

- Eyesight Impairment Hearing Impairment
- Speech Impairment Sinusitis
- Nervous System Disorders Disease of Kidneys
- Mental/Emotional Disorders Heart Disease
- Rheumatic Fever Abnormal Blood Pressure
- Disease of Ears Severe Menstrual Pain
- Arthritis Diabetes
- Tuberculosis Hernia
- Hayfever or Asthma Other Serious Allergies
- Intestinal Disorders Chicken Pox
- Measles Mumps
- German Measles

Have you been hospitalized the last five years? Yes No

Are you taking any medication? Yes No

Explain: _____

If you have checked or answered yes to any of the above, give nature, dates, period of any disability and results. _____

I certify that to the best of my knowledge this health history is complete and accurate. I am in good health and able to participate in this event/assignment.

Applicant Signature _____

Date _____

**EXT-J
CHAPERONE PARTICIPATION AGREEMENT
FOR CAMP/TRIP**

To be filled out in duplicate

Purpose: To chaperone a campout or trip

- Qualifications:
- Over 21 years of age (for drivers)
 - Valid drivers license (if driving)
 - Vehicle insurance
 - Membership in Girl Scouts of the U.S.A.
(for extended camp/trip only)



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Troop #(if applicable) _____ Chaperone Name: _____

Chaperone Address: _____ City/ZIP: _____

Phone [home]: (____) _____ [work]: (____) _____ E-mail: _____

Activity: _____ Dates: _____ to _____
leaving returning

Destination: _____

ASSIGNED TASKS

1. Responsible for health and safety of girls

2. Will provide transportation by means of properly insured:
 - personal car
 - leased vehicle
 - driving bus
 - other approved

3. Expenses to be paid for by chaperone (may be paid for out-of-pocket and/or project participation).

4. Chaperone expenses to be paid by troop/group

5. Other responsibilities as agreed upon with group volunteer.

SPECIFIC EXPECTATIONS FOR ASSIGNED TASKS

- a. _____
 - b. _____
 - c. _____
-
- | | |
|--------------|-----------------|
| a. girls | e. equipment |
| b. personal | f. other adults |
| c. emergency | g. other |
| d. none | |
-
- a. _____
 - b. _____
 - c. _____
-
- a. _____
 - b. _____
 - c. _____

Chaperone Signature: _____ Volunteer Signature: _____

Date: _____ Date: _____

**EXT-K
INSURANCE APPLICATION
FOR EXTENDED CAMP/TRIP
PLAN 3E • TRIP IN USA**



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INSURANCE APPLICATION FOR EXTENDED TRIPS
PLAN 3E (Trips within the U.S.A)

TROOP / GROUP 5-DIGIT NUMBER: _____

ADULT IN CHARGE: _____
DAYTIME PHONE: (____) _____ - _____
CELL PHONE: (____) _____ - _____

DESTINATION:
City: _____ State: _____ Country: _____

ACTIVITY TYPE: (check one)

- _____ Camping
- _____ Canoeing
- _____ Hiking
- _____ Travelling
- _____ Touring
- _____ Other: _____

DAY / DATE OF DEPARTURE: _____
DAY / DATE OF RETURN: _____

TOTAL NUMBER OF DAYS INCLUDING DEPARTURE AND RETURN DATES:

GIRLS: _____ # ADULTS: _____ TOTAL PARTICIPANTS: _____

TOTAL DAYS: _____ (Multiply by 29¢ per day)
TOTAL DUE: \$ _____

MAKE CHECKS PAYABLE TO: United of Omaha

MAIL APPLICATION AND PAYMENT TO YOUR LOCAL REGIONAL SERVICE CENTER
Attn: Membership Registrar

APPLICATION MUST BE RECEIVED NO LATER THAN

**EXT-L
EVALUATION
FOR EXTENDED CAMP/TRIP**

Return completed form WITHIN 1 MONTH to the Director of Program at the Girl Scout office.



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Troop #(if applicable) _____ Volunteer Name _____

Destination _____

Date(s) of Activity _____

Girls _____ # Volunteers _____ # Other adults _____

**COMMENT ON LODGING, CAMP SITES, POINTS OF INTEREST, COSTS, CONDITIONS
(attach another page if needed).**

COMMENT ON TRANSPORTATION USED:

WAS FIRST AID ADMINISTERED? NOTE HERE:

(OVER)

GIRL COMMENTS ABOUT THE EXPERIENCE: _____

WOULD YOU RECOMMEND THAT ANOTHER TROOP/GROUP DO THIS? _____

SUMMARY OF ACTUAL COSTS

Transportation	\$ _____
Food	\$ _____
Lodging	\$ _____
Campsite	\$ _____
Sightseeing fees	\$ _____
Other	\$ _____
TOTAL:	\$ _____

EXT L